DATELY ADDI 104TION FOR BOSTONIA AND STATE									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000										7 a	-	123	1	
												1		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	E!	NTITY.	22	OTHER		
TO	TAL CLAIMS		70011111	<b>&gt;</b>	(00/0	(Colamin 2)		RATI		FEE	OR <b>1</b> 1	SMALL		
FOR			NUMBER FILED 0		NUMBER EXTRA			BASIC		<del></del>		BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS										000.00	ОН	DAGIO I CE	710.00	
			minus 20=		· A			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		A			X40=			OR	X80=		
MU	ETIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=			OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTA	ı.	<u> </u>	OR	TOTAL	710	
9/9/6 CLAIMS AS AMENDED - PART II								.012			Jon	OTHER		
(Column 1) (Column 2) (Column 3)								SMAL	LL	ENTITY	OR	SMALL		
⋖		CLAIMS REMAINING		HIGH NUM	BER	PRESENT		OAT	_	ADDI-		DATE	ADDI-	
EN		AFTER AMENDMENT		PREVIO PAID		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
AMENOMENT A	Total	. 7	Minus	-20	$\mathcal{O}$	=		X\$ 9:	=		OR	X\$18=		
ME	Independent	·2	Minus	3		=	İ	X40=			OR	X80=		
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEPENDENT		CLAIM				_		Un.			
·								+135:			OR	+270=		
								TOT ADDIT. F			OR .	TOTAL ADDIT. FEE		
_		(Column 1)	District Control of the	(Colur		(Column 3)			_					
8		REMAINING AFTER AMENDMENT		NUM PREVIO	BER	PRESENT EXTRA		RATE	:	ADDI- TIONAL		RATE	ADDI- TIONAL	
KEN				PAID		CAITIA			_	FEE			FEE	
AMENDMENT	Total	•	Minus	••	<del></del>	=		X\$ 9=	3		OR	X\$18=		
	Independent	*	Minus	***		-		X40=			OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=			OR	+270=		
•							· L	TOTA			L	TOTAL		
								DDIT. FE			OR ,	ADDIT. FEE		
	7	(Column 1) CLAIMS		(Colur HIGH		(Column 3)	-			1551	ſ			
ر تا	<i>j</i> . ;	REMAINING AFTER		NUMI PREVIO		PRESENT EXTRA		RATE	ŀ	ADDI- TIONAL		RATE	ADDI- TIONAL	
MEN		AMENDMENT		PAID	FOR		╽┟		4	FEE			FEE	
AMENDMENT C	Total	•	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	NTATION OF MI	Minus	PENIDENI	CLAIM			X40=			OR	X80=		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			OR	+270=		
	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								<del>ul</del>		L	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														
	The "Highest Nun	noer Previously Pai	o For (Total o	r independe	ent) is the	highest number	r lour	nd in the	арр	ropnale box	in colu	JMN 1.		
	1070-875	<del>`</del> -									<u> </u>			

FORM PTO-875 (Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE